

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

Class C

Application for an Charter Bus  
Certificate from Justin Sabree Dba  
Charleston Party Pro's LLC  
\*Please Expedite\*

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

255728

**TRANSPORTATION COVER SHEET****DOCKET****NUMBER:** 2015 - 107 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Justin Sabree**Telephone:** 864-357-2616**Address:** 1405 Saratoga CT.**Fax:** 843-494-9304

N. Chas SC, 29420

**Other:****Email:** jsabree01@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☒ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:**RECEIVED**

MAR 18 2015

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

RECEIVED

Date: 3/17/15

MAR 18 2015

CLASS C - CHARTER BUS

PSC SC  
MAIL / DMS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charleston Party Pro's LLC

1405 Saratoga CT. N. Chas, SC 29420

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-357-2616

Phone

843-494-9304

Fax

J.sabree01@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Justin Sabree 1405 Saratoga CT. N. Chas, SC 29420

Kenneth Enos 101 Prairie LN. Summerville, SC 29483



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

Note: We currently  
have insurance

Charleston Party Pro's LLC

Name of Applicant

1405 Saratoga Ct. N. Chas SC 29420

Address of Applicant

(See Attached)

**Amount of Premium:**

**Limits Quoted: (See Below) FORM E**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers\* \$ 25,000/300,000/25,000**

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Johnson and Johnson, Inc.

Name of Insurance Company

200 Wingo Way Suite 200 Mt. Pleasant, SC 29464

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

M-5444 (01/2010)

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPLICATE)

**RECEIVED**

MAR - 9 2015

**TRANS DEPT**

Filed with SC Office of Regulatory Staff (hereinafter called Commission)  
 (Name of Commission)

This is to certify, that the Columbia Insurance Company  
 (Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131  
 (Home Office Address of Company)

has issued to CHARLESTON PARTY PROS LLC  
 (Name of Motor Carrier)

of 101 PRAIRE LANE, SUMMERVILLE, SC 29483  
 (Address of Motor Carrier)

a policy or policies of insurance effective from 03/07/2015 12:01 A.M. standard time at the address of the Insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the Insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131  
 (Street Address) (City) (State) (ZIP Code)

this 6th day of March, 20 15

\_\_\_\_\_  
 Authorized Representative

Insurance Company File No. 71APR316659  
 (Policy Number)

**\$25,000 CGL**

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301

**Exhibit Fit, Willing, and Able (FWA)**

Charleston Party Pro's LLC  
Name of Applicant

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☒ Yes ☐ No

If Yes, indicate nature of judgement(s) against applicant.

See Attach

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

1/6/15


To whom this may concern:

I have a loan judgment against myself in the amount of 7000.00 from Jamilah Sabree. I am working closely with my lawyer (Thomas Pritchard) to get this judgment out of my name as for it was entered incorrectly in my name.

For any questions or concerns you may call me directly. You may also call my Lawyer Mr. Pritchard for any verification issues at 843-722-3300.

Thanks in advance,

Justin Sabree



1405 Saratoga Ct.

North Charleston, SC 29420

C 864-257-2616

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

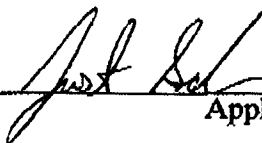
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

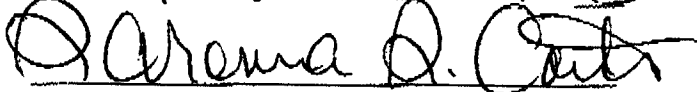
STATE OF SOUTH CAROLINA

COUNTY OF

Charleston;

SWORN TO BEFORE ME

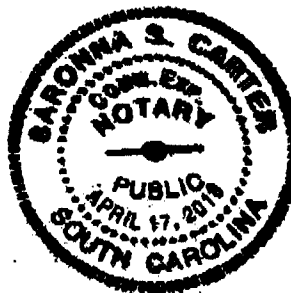
This 17 day of March, 2015



Notary Public

Commission Expires

April 17, 2018





CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Dec 30 2014

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

141230-0141

Filed: 12/30/2014

CHARLESTON PARTY PRO'S LLC

Filing Fee: \$110.00 ORIG

Mark Hammond South Carolina Secretary of State

## STATE OF SOUTH CAROLINA SECRETARY OF STATE

### ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is CHARLESTON PARTY PRO'S LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

101 PRAIRIE LN

Street Address

SUMMERVILLE SC

City

294831830

Zip Code

3. The initial agent for service of process of the Limited Liability Company is JUSTIN SABREE Electronically filed on SCBOS.  
Signature not required.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

1405 SARATOGA CT

Street Address

N CHARLESTON SC

City

294207459

Zip Code

4. The name and address of each organizer is

a) JUSTIN SABREE

Name

1405 SARATOGA CT

Street

N CHARLESTON

City

SC US

State

294207459

Zip Code

b) KENNETH ENOS

**CHARLESTON PARTY PRO'S LLC**

Name of Corporation

Name

101 PRAIRIE LN

Street

SUMMERVILLE

SC US

294831830

City

State

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:  
2014-12-29
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
- Electronically filed on SCBOS.  
Refer to attached signature page.
- Date 2014-12-30

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

CHARLESTON PARTY PRO'S LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 29th, 2014, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 30th day of  
December, 2014

A handwritten signature in black ink that reads "Mark Hammond".

Mark Hammond, Secretary of State